

IN THE SPECIFICATION

Please replace the paragraph beginning at page 1, line 14, with the following rewritten paragraph:

A variety of surgical procedure options are currently available to treat incontinence. Depending on age, medical condition, and personal preference, surgical procedures can be used to completely restore continence. One type of procedure, found to be an especially successful treatment option for [[SUI]] Stress Urinary Incontinence in both men and women, is a sling procedure.

Please replace the paragraph beginning at page 2, line 12, with the following rewritten paragraph:

In many [[case]] cases, the sheath is made of polyethylene. Other materials used to construct the sheath include polypropylene, nylon, polyester or Teflon. The sheath material should be flexible and provide sufficient structural integrity to withstand the various forces exerted on the sheath throughout the sling delivery procedure. Referring to FIG. 14, the sheath 44 is configured to have sufficient flexibility to facilitate user manipulation and adequate structural strength to withstand the various forces applied to the sheath 44 during delivery and/or positioning of the sling assembly. It should also conveniently separate from the sling material after the sling is implanted without materially changing the position of the sling.

Please replace the paragraph beginning at page 2, line 26, with the following rewritten paragraph:

The problem with the telescoping configuration of the first and second sections of the sheath 44 is that there has been a tendency for the two telescoping sections to "stick" to one

another during the removal process believed to be due to either friction caused by the respective telescoping sections of the sheath or use of a spacer such as a clamp under the urethra ~~to assure that the sling does not get done~~. In the latter, the spacer increases the friction between the two sheaths and causes them to stick. That is, the overlapping section of the first and second sections of the sheath is situated at the point of maximum curvature and hence the point of maximum interference/friction.

Please replace the paragraph beginning at page 5, line 26, with the following rewritten paragraph:

Tab portion 24 is preferably connected to the lower sheath 20 via suture 22. Tab portion 24 is designed and shaped to be pulled by the thumb and one of the fingers through a vaginal incision of the patient. A cross-sectional view ~~along line A~~ is shown in FIG. 11. As can be seen from FIG. 11, a removal assembly including a tube 70 is situated within lower sheath 20 below sling 11. The longitudinal length of the tube 70 is perpendicular to the longitudinal length of the lower sheath 20. Further, the tube 70 is preferably situated at the mid-portion of the lower sheath 20 measured lengthwise. Through holes 74 are placed in the lower sheath 20 adjacent the ends of the tube 70. Suture 22 is a closed loop threaded through holes 74 and a hole placed in tab 24. Alternatively, the suture 22 is fastened to tab 24 using any biocompatible adhesive. In either case, the removal assembly should have sufficient strength and structural integrity to withstand the force necessary to remove the lower sheath 20 from the sling 11 by pulling on the tab 24.

Please replace the paragraph beginning at page 6, line 32, with the following rewritten paragraph:

FIG. 4 illustrates the positioning of the sling assembly 10 underneath the urethra 16. The lower sheath 20 has been removed by pulling the tab 24 through the vaginal incision [[400]] 404 and the vagina 200. Thus, exposing the sling 11. Because the lower sheath 20 is situated adjacent the urethra 16, the lower sheath 20 is the sheath most exposed to vaginal contaminants of the three sheaths including upper sheaths 12 and 14. The position where lower sheath 20 is placed relative to the urethra 16 substantially corresponds to the position of the overlapping portion S of the prior art sheath relative to the urethra. Both the lower sheath 20 and the overlapping portion of the prior art sheath are the most exposed portions of their respective sling assemblies. That is, those portions are exposed to the contaminants of the vaginal region. However, because in the present invention, the lower sling 20 is removed through vaginal incision 404 as opposed to a suprapubic incision, the lower sling 20 is not exposed to the body during removal thereof. FIG. 4 further shows the sling after the dilators 54 have been cut off, but prior to final trimming.

Please replace the paragraph beginning at page 7, line 11, with the following rewritten paragraph:

In another embodiment, a spacer is inserted between the exposed sling and the patient's urethra until final positioning and tensioning adjustments are made to the sling 11. The spacer can be for example a Hegar dilator, scissors, or Metzenbaum clamps, etc. Alternatively, the spacer can be a device as shown in FIGS. 12 and 13. See also U.S. patent application Ser. No. [[10/\_\_\_\_,\_\_\_\_ ]] 10/646,082 entitled Surgical Article and filed on Aug. 22, [[2004]] 2003 (~~Attorney docket No. AMS-163~~). FIGS. 12 and 13 illustrate a spacer 90 including jaws 92 and 94. FIG. 12 illustrates the jaws 92 and 94 in an open state. The jaws 92 and 94 are positioned over and below the sling assembly 10 in a position where the jaws would clamp the lower sheath 20 when closed. FIG. 13 illustrates the jaws 92 and 94 clamped

on the sheath assembly 10. Since the lower sheath 20 and the upper sheaths 10 and 12 do not overlap in the center of the sling underneath the urethra 16 and the assembly 10 is not tensioned against a spacer, the lower sheath 20 is easily removed. The upper sheaths 12 and 14 remain associated with the sling 11 at this time. According to one embodiment, a spacer (e.g., spacer 90) remains between the exposed sling and the urethra while the upper sheaths 12 and 14 are removed. Because the upper sheaths 12 and 14 do not overlap the lower sheath 20 at the center of the sling 11 underneath the urethra and the sling assembly 10 is not tensioned against a spacer, the upper sheaths 12 and 14 can be removed easily.

Please replace the paragraph beginning at page 9, line 7, with the following rewritten paragraph:

FIG. 8 illustrates the placement of the sling assembly 10 after the lower sheath 20A has been removed there from via the vaginal incision. As described above regarding the suprapubic approach, suture 22A is pulled by pulling tab 24A in order to remove the lower sheath 20A via the vaginal incision. FIG. 8 further illustrates that one of the dilators 54 has been cut-off. After the second dilator 54 is removed, as shown in FIG. 9, the upper sheaths 12A and 14A can be removed. As discussed above with regard to the suprapubic approach, a spacer (e.g., spacer 90) can be placed between the sling 11 and the urethra 16 after the lower sling 20A has been removed. As can be further seen from FIG. 9, the end of the sling [[420]] 42 is anchored outside of the obturator foramen 3. FIG. 10 is a magnified view of the pubic region illustrated in FIG. 9.